



TEXAS

Department of  
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Health Services Region 7

# Epidemiology & Surveillance Quarterly Newsletter

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## Changes in Reportable Diseases for 2007

This year the Texas Legislature has approved several updates and additions to the *Title 25, Texas Administrative Code, Chapter 97, Subchapter A, Control of Communicable Diseases* including

- updates to definitions;
- adding a reference to the Health Insurance Portability and Accountability Act (HIPAA);
- updates to the list of reportable conditions, reporting time-frames, and required information;
- updates to the list of organisms that should be submitted to DSHS for follow-up testing;
- updates to guidance for exclusion from child-care facilities and schools;
- adding rules regarding application of control measures to private and common carriers as required by legislation;
- adding persons, as required by legislation, who need to or may be notified by hospitals if they may have been exposed to a communicable disease;
- and updates to the list of diseases that require tagging of a body upon death.

All of the adopted changes can be found on the DSHS website at  
[http://www.dshs.state.tx.us/idcu/proposed\\_rules/](http://www.dshs.state.tx.us/idcu/proposed_rules/).

See page 2 of this newsletter for highlights of the reportable conditions changes and changes to the laboratory submissions list.

## Public Health Surveillance During Disasters

When a disaster occurs, there is often an immediate need to assess the health of a community. There are several tools available to public health to accomplish this goal. Many of these tools are used on a day to day basis such as notifiable condition reporting, food complaint reporting, and electronic syndrome reporting. Some of the tools are only used when there is an immediate need such as enhanced surveillance.

When enhanced surveillance is needed, Region 7 may contact physician offices, clinics, hospitals or pharmacies in the community during or after the event and request the facility to report cases, visits, deaths or other items of public health interest in addition to the standard reporting already done. The more comprehensive and encompassing the surveillance, the more informative about and representative of the community the data is. Good participation from our healthcare partners is critical to the success of enhanced surveillance activities.

This past June, enhanced surveillance was conducted in Marble Falls following the severe flooding and loss of potable water in the city. Physicians and clinics in Marble Falls as well as a few other health care providers outside of the Marble Falls area were requested to report the number of patients seen each day with diarrhea as a primary complaint. Pharmacies in Marble Falls were also contacted and asked to report the number of prescription and over the counter anti-diarrheal medications were dispensed/sold. The enhanced surveillance data allowed Region 7 to monitor the Marble Falls community for gastrointestinal illness after the flooding. Information collected was shared with the local health authority for Burnet County, Dr. Madrigal-Dersch, and the Marble Falls Emergency Operations Center.

## Highlights of Changes to the Reportable Diseases List

### Antibiotic-resistant organisms

Vancomycin-resistant *Staphylococcus aureus* (VRSA) and *Staphylococcus aureus* with intermediate vancomycin susceptibility (VISA) were added to the list of notifiable conditions. Confirmed and suspected human cases are now immediately reportable conditions.

### Arbovirus infections

Arbovirus infections (Cache Valley, California serogroup, Eastern Equine Encephalitis, Dengue, Powassan, St. Louis Encephalitis, Venezuelan Equine Encephalitis, West Nile, and Western Equine Encephalitis) were added to the notifiable conditions list to capture both neuroinvasive and non-neuroinvasive infections of these arboviruses.

### Cysticercosis, and *Taenia solium* and undifferentiated *Taenia* infection

*Taenia solium* and undifferentiated *Taenia* infections, including cysticercosis were added to the notifiable conditions list.

### Hepatitis B in women tested prenatally or at delivery

The reportable condition of “hepatitis B, (chronic) identified prenatally or at delivery” was modified (for increased clarity) to “hepatitis B, (acute and chronic) identified prenatally or at delivery”.

### Hepatitis B - perinatal infection

Perinatal hepatitis B, defined as HBsAg positivity in any infant aged >1 month through 24 months of age, was added to the notifiable conditions list to formalize ongoing efforts to report cases.

### Hepatitis C

Newly diagnosed Hepatitis C infection was removed. However, hepatitis C was added to the list of reportable acute hepatitises - Acute hepatitis A, B, C, D, E, and unspecified.

### Influenza-associated pediatric mortality

Influenza-associated pediatric mortality was added to the notifiable conditions list.

### Leishmaniasis

Leishmaniasis was added to the notifiable conditions list.

Contact Region 7 Epidemiology with questions regarding these changes at 254-778-6744. The list of notifiable conditions can be found on the Region 7 website at <http://www.dshs.state.tx.us/region7/Epidemiology.shtm>.

## Changes to Diseases Requiring Submission of Cultures by Labs

The list of isolates laboratories are required to submit to DSHS was expanded.

The current list (\*added in 2007) includes:

- \**Bacillus anthracis*
- \**Brucella species*
- \**Clostridium botulinum* – adult and infant
- \**Escherichia coli* O157:H7 or any specimen demonstrating Shiga toxin activity
- \**Francisella tularensis*
- \**Listeria monocytogenes*
- Neisseria meningitidis* - from normally sterile sites
- Staphylococcus aureus* with vancomycin-resistance (MIC of 4 µg/ml or greater) (VISA & VRSA)
- \**Vibrio species*
- \**Yersinia pestis*

Deleted from the list:

Vancomycin resistant coagulase-negative-*Staphylococcus* species

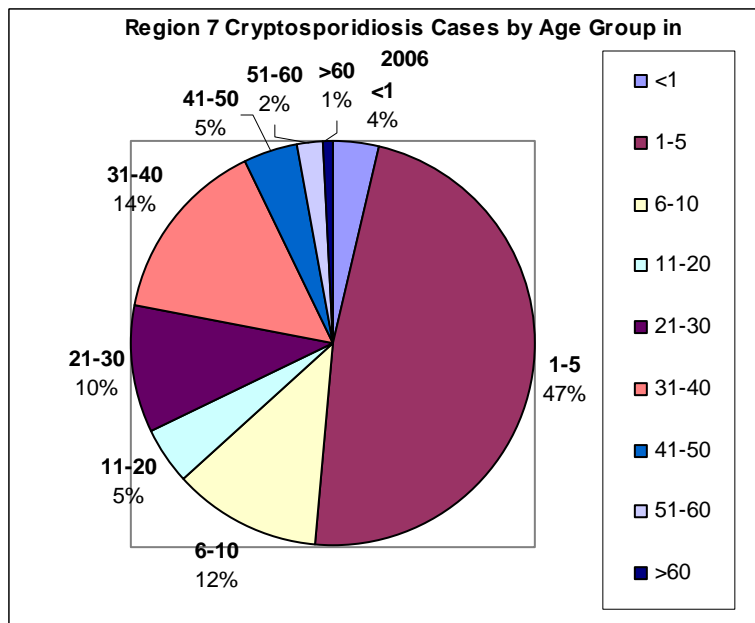
Reporting  
requirements are  
available online at  
[http://  
www.dshs.state.tx.us/  
idcu/investigation/  
conditions/default.asp](http://www.dshs.state.tx.us/idcu/investigation/conditions/default.asp)

## Look out for Cryptosporidiosis Cases this Summer

We typically see an increase in cryptosporidiosis cases at the end of summer in Region 7. In 2006, there was a substantial increase in cryptosporidiosis cases in August and September. Investigations by Region 7, Austin-Travis County Health and Human Services Department and Williamson County and Cities Health District demonstrated that the majority of the cases in August reported visiting one or more pools or water parks in the Travis—Williamson County area. Brazos County Health Department also linked a couple of cases to a pool in their jurisdiction.

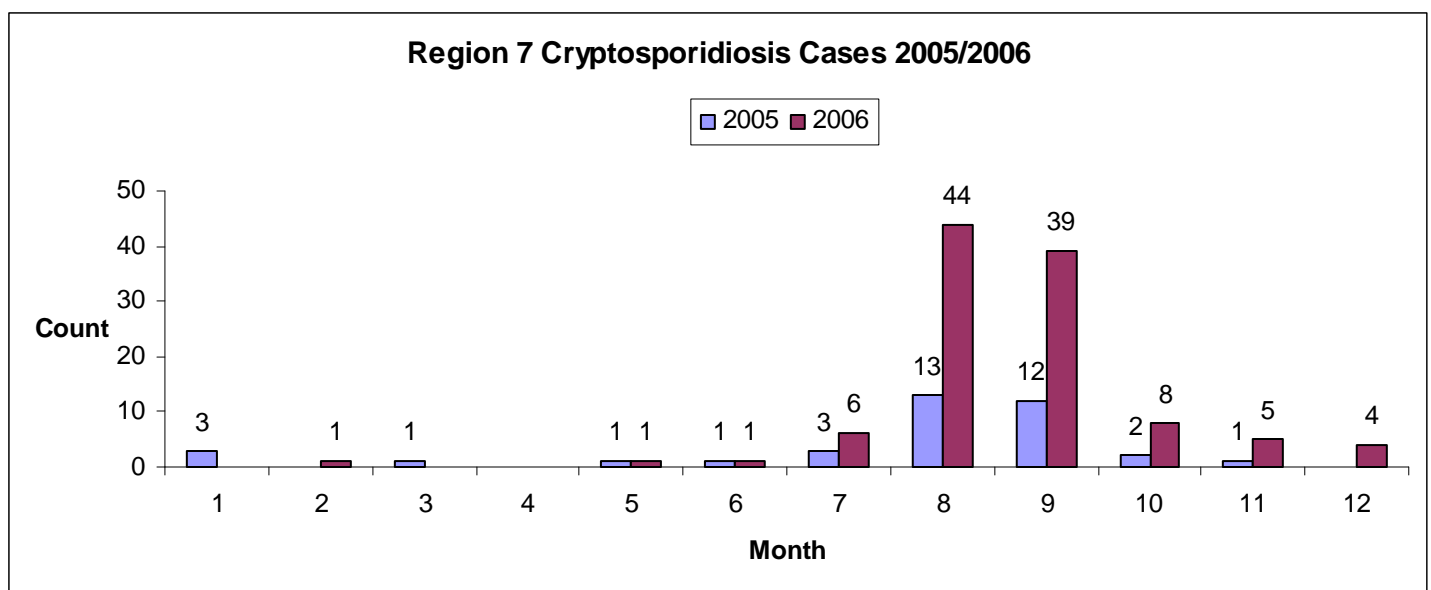
*Cryptosporidium* is highly resistant to chlorine-based disinfectants. Outbreaks associated with recreational water facilities (pools, lakes, water parks, etc.) have been documented throughout the United States. Many cases may go undetected since stool samples are not routinely tested for ova and parasites. Even when an ova and parasites test is conducted, *Cryptosporidium* may be missed if the laboratory does not routinely look for it because of their small size.

Healthcare providers should consider cryptosporidiosis in patients (both kids and adults) with watery diarrhea particularly if there is a history of recreational water exposure. All patients with diarrhea should be discouraged from swimming or visiting water parks until after their diarrhea has stopped and anti-diarrheal medications are no longer required.



Roughly 1/2 of all cryptosporidiosis cases reported last year were in children 5 years old or younger. Here are some tips to protect kids (and adults) from cryptosporidiosis:

- Do not allow children to swim if they have diarrhea.
- Encourage kids not to swallow water when swimming.
- Infants should wear waterproof swim diapers.
- Do not change diapers in the pool area.
- Take children on frequent bathroom breaks / check diapers frequently.
- Have kids wash their hands using clean water before eating.



Additional information on cryptosporidiosis may be found on the Centers for Disease Control and Prevention website at <http://www.cdc.gov/ncidod/dpd/parasites/cryptosporidiosis/default.htm>

## Leishmaniasis in Region 7

Historically, human cases of leishmaniasis are very rare in the United States with most of the few indigenous cases occurring in rural southern Texas. In June 2007, leishmaniasis was made a notifiable condition in Texas and should be reported within one week. A human case of leishmaniasis has recently been reported in Hill County. Leishmaniasis is a zoonotic disease caused by protozoan parasites that is transmitted by the bite of a female sand fly. The female sand flies have long piercing mouth parts adapted for blood sucking. Sand flies are tiny, roughly 1/3 the size of a mosquito. Sand flies have hair-like structures covering their body and wings instead of scales like mosquitoes. Cutaneous leishmaniasis, the most common form, causes a sore at the bite site, that heals in a few months to a year, leaving an unpleasant looking scar. It may take several weeks after the bite occurs for the sore to develop.

### How can leishmaniasis be prevented?

The majority of reported cases of leishmaniasis in the United States are associated with international travel to an endemic area. Endemic areas can be found on the World Health Organization website at <http://www.who.int/leishmaniasis/en/>. If you are in an area where leishmaniasis is known to occur, take the following precautions:

- Avoid outdoor activities from dusk through dawn when sand flies are most active.
- Apply an insect repellent that contains DEET to exposed skin and clothing including under the ends of sleeves and pant legs.
- Wear long sleeves, long pants and socks when outside.
- When traveling to a leishmaniasis endemic area, use a bed net when sleeping that has been treated with a pyrethroid-containing insecticide.

### Life Cycle of *Leishmania* spp.

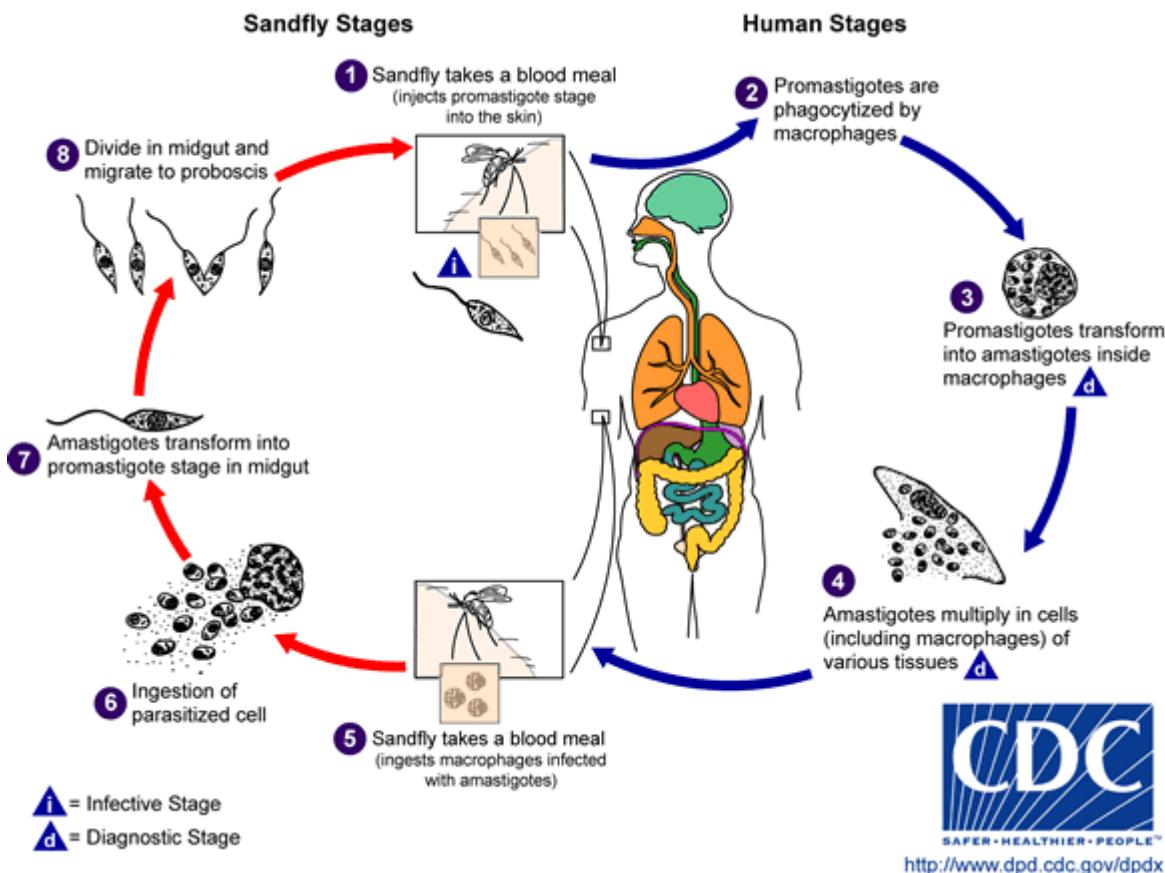


Figure from Centers for Disease Control and Prevention Division of Parasitic Diseases. Available at [http://www.dpd.cdc.gov/dpdx/HTML/ImageLibrary/Leishmaniasis\\_il.htm](http://www.dpd.cdc.gov/dpdx/HTML/ImageLibrary/Leishmaniasis_il.htm)

## Select Notifiable Conditions Reported in 2006 and January to June 2007

Notifiable Condition	2006 Count*	2007 YTD Count*
Amebiasis	29	26
Aseptic meningitis	269	152
Bacterial meningitis, other	18	3
Brucellosis	2	3
Campylobacteriosis	146	122
Cruetzfeldt-Jakob Disease	2	0
Cryptosporidiosis	109	12
Cyclosporiasis	1	0
Dengue Fever	2	4
Ehrlichiosis, Human monocytic	1	0
Enterohemorrhagic E.coli O157:H7	9	0
Enterohemorrhagic E.coli, shiga + (not serogrouped)	5	1
Escherichia coli, Shiga toxin-producing (STEC)	5	3
Group A Streptococcus, invasive	57	28
Group B Streptococcus, invasive	76	26
Haemophilus influenzae, invasive	1	0
Hepatitis	76	17
Hepatitis A, acute	23	8
Hepatitis B Viral Infection, Perinatal ~	0	1
Hepatitis B virus infection, Chronic^	240	95
Hepatitis B, acute	56	25
Hepatitis C Virus Infection, chronic or resolved^	2025	686
Hepatitis C, acute	3	5
Hepatitis E, acute	0	1
Legionellosis	8	2
Leishmaniasis~	0	2
Listeriosis	1	2
Lyme disease	5	4
Malaria	9	10
Mumps	15	1
Neisseria meningitidis, invasive (Meningococcal disease)	7	2
Pertussis	338	128
Plague	1	0
Q fever	3	2
Rocky Mountain spotted fever	2	0
Salmonellosis	366	138
Shigellosis	387	152
Streptococcus pneumoniae, invasive	130	108
Streptococcus, other, invasive, beta-hem (non-A nonB)^	15	13
Typhoid fever (Salmonella typhi)	0	1
Vancomycin-Resistant Enterococcus	5	3
Varicella (Chickenpox)	1729	723
Vibriosis	12	3
Yersiniosis	3	1
<b>Grand Total</b>	<b>6191</b>	<b>2515</b>

Includes confirmed and probable notifiable conditions reported to the Texas Department of State Health Services Region 7 that are tracked in the NEDSS database. Year to Date (YTD) for 2007 includes cases from reported and entered from January 2007 through June 2007.

\* Data is provisional and may change as investigations are completed or updated

^ Disease is not reportable. Note: Newly reported chronic Hepatitis C was taken off of the notifiable conditions list on June 5, 2007.

~ Disease was added to the notifiable conditions list in 2007

## Public Health Information Network (PHIN)

Between April and June, 3 PHIN messages were sent out to physicians, nurses and area hospitals in Region 7 counties. These messages contained information from the Centers for Disease Control and Prevention and the Texas Department of State Health Services regarding ongoing health investigations with the potential to impact Texans. The PHIN provides a secure format for sharing critical health information that may contain sensitive health information. PHIN messages are sent by email, phone or fax depending on the importance or time sensitive nature of the message.

### Didn't get the alerts?

Healthcare providers, school officials, emergency medical services and emergency management coordinators are eligible for PHIN access. Go to <https://texphin.dshs.state.tx.us/> and sign up to use the PHIN. In addition to getting critical health information from the Department of State Health Services, PHIN users can assess the New England Journal of Medicine through the PHIN web portal. If you have any questions about the PHIN, call 254-778-6744 and ask to speak with Carol Davis or Russ Jones.

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## Region 7 Outbreaks, Clusters and Other Large Investigations; April — June 2007

Over the last few months, epidemiologists from local health departments and the regional office have investigated illnesses of public health concern and some outbreaks of gastrointestinal illness.

**Norovirus outbreaks:** Several people from the Houston area became ill after attending a work meeting at a resort in Travis County. Stool samples were collected from both participants of the meeting and employees of the resort. Twenty five people tested positive for norovirus. The resort worked closely with the Austin Travis County Health and Human Services Department to reduce sources of transmission and prevent future outbreaks. An unrelated outbreak of norovirus occurred in Milam County among small volunteer group with a history of sharing at least one meal together. Norovirus is easily spread from person to person.

**Shigellosis outbreak:** Williamson County experienced an outbreak of shigellosis among elementary aged children in one region of the county. As many as 90 kids became ill with diarrhea over a six week period. The Williamson County and Cities Health District (WCCHD) worked closely with the school district involved to investigate the cases. WCCHD Retail Food Services inspectors visited school facilities and made recommendations to the school district for controlling the outbreak. The inspectors did not find any evidence to implicate food as a source of the outbreak. Parents were notified of cases and were provided with information on basic hygiene and infection control practices.

**Meningococcal Meningitis:** Region 7 coordinated with local health departments in Bell and Hays counties as well as with Region 6/5 to assist with investigate a case of meningococcal meningitis in a college aged individual. The case had a history of travel to at least 6 cities in central and south-east Texas during the week before onset of symptoms. High risk contacts were offered prophylaxis. No secondary cases were detected.

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Newsletter Editor: Carol Davis, MSPH

### Department of State Health Services Health Services Region 7

Epidemiology  
2408 South 37th Street  
Temple, TX 76504  
Phone: 254-778-6744  
Fax: 254-899-0405

Contributors: Glenna Teltow, MS (Leishmaniasis article), Laura Tabony (Reporting changes), David Bastis, MPH (Region 7 Outbreaks—Shigellosis Outbreak), Ella Puga, MPH (Region 7 Outbreaks—Norovirus Outbreaks)

Assistant Editors: Gina Lagrone, RN, Yolanda Holmes, Russ Jones, MPH

Questions about, comments on or ideas for this quarterly newsletter should be submitted to Carol Davis by email at [carol.davis@dshs.state.tx.us](mailto:carol.davis@dshs.state.tx.us) or by phone at 254-778-6744.

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